Woodcut

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THE
MEDICAL MISSIONARY

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Editor

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ACROSS THE PAGES. . . .

FATHER RUSSELL is the author of *Christ, the Leader,* from which we have taken so many of the "bookmarks" which appear on our Library page. He is Associate Professor in the Department of Religion of The Catholic University of America, and also serves as chaplain of Trinity College.

"THOU ART THE PHYSICIAN, I the sick man; thou most merciful, I most miserable." With this quotation from St. Augustine as a theme, Father Ehmann begins a series of articles which will appear monthly, woven around "Christ, the Physician." The author "pleads guilty to being: Professor of Sacred Music at St. Bernard's Seminary, Rochester, N. Y.; Director of the Catholic Evidence Library of that city; a staff writer on *The Catholic Courier;* and Associate Professor at Nazareth College, also of Rochester."

PAUL TAGGART, a graduate of Mount St. Mary's College of Emmitsburg, Md., prepared the study of the *Medical Facilities for the Colored in the District of Columbia,* which was given him as an assignment in the Department of Social Sciences, so thoroughly that upon the recommendation of Dr. Thorning, head of the department, it was printed in brochure form.

WHY—and *how* a staid Mohammedan matron came to the mission hospital is a study in technique as well as of human nature. This is another story from Dr. Lalinsky, based on her experiences in Holy Family Hospital in Rawalpindi.

EVEN IF YOU could not be present at the first departure ceremony held in the Philadelphia Motherhouse, it is not too late to attend "In Spirit"—if you will read Sister Francis' article.

AND OF COURSE, you have been waiting for the conclusion of Sister Helen's tale of Indian cooks. (Sh-h! A secret! We think she has really saved the best till last!)

The Mission Intention

"That Mission Activity May Flourish Throughout the Earth"

The intention for the month of January sets the tempo, so to speak, for the interest which should be shown during 1941 by every sincere Catholic member of the Church. Naturally the mainspring and fountainhead for the furtherance of this mission activity is to be found in the Vicar of Christ, but at the present time the heart of the Sovereign Pontiff is saddened as he views conditions in the world. "Gaze on the world and on the harvest of souls everywhere so fair to see," urged the Holy Father last October on the occasion of his mission broadcast to the United States. "Over it sweeps in thundering waves the tempest of battles, of destructions, of suffering, of countless human sorrows. Behold how many messengers of the Gospel, how many men and women—heroes of Christ, workers in His Vineyard —are living and toiling and struggling and suffering amid dangers and obstacles, amid deprivations and destitution that chill the ardor of their zeal and put stumbling blocks in the path of their holy and charitable ambition."

These words must find an echo in the heart of every Bishop and priest in the world, for "to the eye of Faith, no undertaking looms bigger, more important than the conversion of unbelievers. Its appeal should be irresistable to all Catholics, especially to priests." This stirring statement made by the Rev. John J. Carty, M.S., coincides with the sentiments expressed by Archbishop Beckman, S.T.D., of Dubuque. "The hope of the world is in the hearts and hands of you, our priests," stated His Excellency. "The viaticum of humanity is yours to carry whither your courage, your determination, may carry you. In times such as these it is the inescapable duty of every Catholic clergyman, and of the entire body Catholic, to think, act and *be* MISSION MINDED!"

But the necessity for mission mindedness does not confine itself to the hierarchy and clergy alone. "The entire body Catholic" is included and the laity have a definite role in this apostolate—a role which must be played in every part of the world. Whether in the hustling cities of our own land, the bomb-riddled metropolises of Europe, the busy streets of the Orient, the far-reaching stretches of the African veldt, the tangled jungles of the islands of the South Seas, Christ's command brooks no denial: "Mission Activity must flourish throughout the world."

NEW YEAR'S RESOLUTION

Being a soldier in the army of Christ, I will do my part to win the world for Christ. I resolve to join the Propagation of the Faith in 1941 and make a PERSONAL sacrifice to help the sick and suffering in the missions.

Therefore, with the wisdom of centuries Holy Mother the Church makes "prayer, the sword that pierces the heart of God and lets flow His love and mercy," an integral part of Her plan to foster mission interest. Then too, the establishment of Her mission aid organizations makes for an early appreciation of mission activity even in the so-called "pagan" nations. We find, therefore, *The Society for the Propagation of the Faith* flourishing in India, with a National Director appointed by Rome. News has been received that a Director has just been named for China. In Africa there are many local branches of this Society also functioning in order that the Christians may early acquire the habit of praying for and contributing to the mission cause.

Thus as Pope Pius XII admonishes the faithful throughout the world, "The raising of prayer before the sacred tabernacles . . . will not fail to be accompanied by the gift of your hand. You will offer it in this sad and distressing hour to help the Spouse of Christ in the Propagation of the Faith. You will help Her to push on the good work begun, to rebuild what has been damaged or destroyed, to reassure the faint-hearted and discouraged, to multiply the scant resources, to sustain, to increase and advance the whole missionary movement," so that ultimately "mission activity may flourish throughout the earth."

—Rt. Rev. Msgr. Thomas J. McDonnell, *National Director, The Society for the Propagation of the Faith.*

Woodcut

The Magi Merited the Light

By

THE REV. WILLIAM RUSSELL

"Is it too much to believe that these men had shown in their lives true nobility, and that this pre-disposition for grace enabled them to grasp the hand of God held out to them? They must have pursued their science, such as it was, with an honesty and integrity. Had conceit ruled their lives, they would not have departed on a journey to pay honor to someone else."

They were intrepid and honest and fearless, those Wise Men from the East. They ventured far, and they found the Truth. They passed from darkness to the Light. In some manner or other they have always captured the imagination of the Christian world. Perhaps it is because the Gospels tell us so little and yet so much that the tantalizing brevity of the record incites us to probe further. We are told just enough to make us curious. And this curiosity may account for the origin of the numerous legends which have sprung up to supply the lacunae of the Gospels. We may not accept these legends, fascinating though they be. We know neither the names nor the number of the Wise Men. We may, however, attempt to realize all that is implied in the sparse account of St. Matthew. We may seek to develop an appreciation of the qualities of the first Gentiles to see the Light of Truth. What is in the Gospel is truth; it is there for a purpose. The Feast of Epiphany will not convey to us its deeper meanings unless we do as Mary did—ponder the happenings and store them in our minds.

We know that they were strangers to Palestine and that they came from the East. We exclude the countries adjacent to the Jordan, since there were there no centers of culture. It is most likely that they came from Chaldea or Babylonia. The Wise Men are known as the Magi. But that name has no necessary connection with our "magician." In those countries it suggests rather the priestly class in whose hands usually rested the learning of the day. It is not unlikely that they were astrologers: "We have seen his star in the East." Astrology occupied the interest of all learned men in a country where the nights are so clear. God could have selected other men for the favor, but evidence to the contrary being absent, we conclude that these were convinced that the stars have an influence over the lives of men, and that unusual stars indicated the birth of unusual men. Hence, their excitement at the meteor.

The journey could not have been easy. It would have been necessary to withstand the torrid heats of the desert, the whirling sands and the long thirst. One may easily conjecture a journey of five hundred or a thousand miles. It would not have been a pleasure jaunt. Some courage and conviction would have to exist behind the venture. Why then did they come? It may be that they had read or heard of the Jewish prophecies of the Messiah, since the Jews had spread these predictions during the time of their sixth century exile in Babylonia. In fact, it seems that in more than one country in those days eyes were turned to Palestine. There were vague stirrings and strange expectancies. The appearance of an unusual star would stir the imagination of the Magi, but it is possible that the star was something like a meteor. No natural explanation of its appearance seems plausible; it is most likely that God Himself provided the miraculous event, for the meteor must have travelled from East to West and remained some days or perhaps longer in its course. If God provided the star, He could also supply an interior illumination, an urge to follow its course. Grace is offered to all but especially to those worthy of it. The fact that God gave them this favor indicates

that these were men of worth, of intellectual honesty and of desire for the truth. The prompting followed the natural leaning. Those who do not want the truth do not seek it; these men sought it. We may conclude that they had been desirous of it, since they won this favor from God. They were explorers for the truth.

They stopped in Jerusalem. With disarming innocence and frankness they asked: "Where is he that is born king of the Jews? For we have seen his star in the East and are come to adore him." Do we realize the blank faces that met this question? No one knew of any such birth! The Light had begun to shine in the world, but Jerusalem was in darkness. Jerusalem, however, was soon aroused, and especially one man, for these strangers were prominent persons. The tyrant Herod shivered at the suggestion that a King of the Jews had been born. Half Jew that he was, he must have known something about the prophecies. Evidently the King was already born and Herod's spies had not discovered the fact. He took the matter into his own hands and called the priests for consultation. "In Bethlehem of Juda," was their answer. Shrewd as he was, King Herod privately learned all that he could from these Magi in regard to the star. He judged them to be simple souls who would not suspect his ruse. He feigned a reverent interest: 'Go and diligently inquire after the child, and when you have found him, bring me word again, that I also may come and adore him." Sly crooks know how to clothe themselves with piety when dealing with religious persons.

Bethlehem was but five miles to the south. The star, which had not been visible in Jerusalem, again appeared to guide them. The nation that had been expecting the Messiah, that had been prepared for the event, was unable to guide strangers to the Light. And so the star must guide them directly to the Truth. Joseph and Mary were now in a house in Bethlehem. The Child must have been two or three months old and possibly a year, for Herod later killed all boys under two. Simeon and Anna had noticed the holy family in Jerusalem at the time of the Presentation, but apparently the nation at large was ignorant, even though the shepherds had told strange tales.

The Magi had expected a king; they found an unnoticed Babe and a peasant couple. No servant for the Child; no guard of honor for the King; no palace. This was indeed a test of their faith, but they who had come so far did not fail in the final trial. "Falling down they adored him."

We cannot say that they recognized His divinity, yet God could have given them this grace. They offered the Child the courtesy they would give a king, for no one ever appeared before a king without bringing presents. Gold and frankincense we can understand, but was the myrrh prophetic, since it was used in embalming?

It cannot be that they remained there long. They must have come at night and have decided to take some rest, for they were warned in their sleep to depart for home in another direction. God intervened to spoil the ruse of Herod. They did not go back north to Jerusalem but cut over east toward the Dead Sea. What musings they had on their way home! How the indifference of the Jews must have puzzled them! How the strange warning that they received must have kept them speculating on the future of this King! But their hearts rejoiced. Their eyes had seen the divine Infant. No longer would they need the star, no longer would they have to rely on their science, since they now had the interior light of faith. They had rejoiced in the star; now they could rejoice in the Child.

Is it too much to believe that these men had shown in their lives true nobility, and that this predisposition for grace enabled them to grasp the hand of God held out to them? They must have pursued their science, such as it was, with an honesty and integrity. Had conceit ruled their lives, they would not have departed on a journey to pay honor to someone else.

We see here in outline the qualities which should be in every scientist. We see the traits which should honor him who follows the science of medicine. We hear frequently that "medics" become materialists. If that is so, is it not a reflection on their character? God does not deny grace to men worthy of it. If the men of medicine go at their science with an open heart, with a desire for truth, with a courage in pursuing the truth, will they not be brought by the very marvels of the human body to a recognition of the Designer of that body? Many paths may lead to truth. The doctor who observes nature go to work and heal a cut that he has sewn, the doctor who studies the intricacy of the nervous system, has in front of him a message from the heavens. He should read that message as the Magi read the star. God speaks to man in every cell. But man must begin his explorations of the cell with a reverence and an admiration for Him who established the laws which govern cell growth and division. The doctor may meet around him only indifference and ignorance and unawareness of the Light that already is there for those who have eyes to see. Nothing deterred, nothing scandalized the Magi; they pursued their goal unto success.

And who shall measure the power of the medical missionary who, knowing the laws of medicine, knowing the wonders of cell structure, is apt to point out to the far-off pagan the Author of these laws. No star is offered to the noble pagan, yet the missionary is his star which is to guide him to Bethlehem. The journey that begins with the laws of the human body, with the marvels of the senses of sight and hearing, may lead the pagan up to Bethlehem. Any thing, great or small, may lead one to the Author of nature. Wherever there is a natural honesty, a natural desire for the truth, there is a fit subject to come and adore Him.

The gift of being in the True Church is the greatest of all God's gifts which can be given out of heaven.—*Father Faber.*

Fatima Bibi Comes To Town

By

HELEN LALINSKY, S.C.M.M., M.D.

Fatima Bibi was lonely, bored and miserable. For some days now rebellious thoughts were being nurtured in her mind. She was sick and tired of being submissive to Mohammed Isaq, her husband, about many things, but at the moment especially about accepting and enduring this pain because it was the Will of Allah. Why did she have to bear it just because he said it was her *kismet?* Her husband might be a true son of the prophet, whose bidding she must obey—since there was no alternative—but she, too, had a mind of her own and could use it. She was no less fervent about her devotions and the recitation of the Koran than any zealous Mussulman or woman. Five times daily—in the early morning, midday, afternoon, sunset and after nightfall—she faithfully prayed to Allah. In the observance of *purdah,* Fatima was as scrupulous about hiding her face from strange men, as her husband was in obliging her to do so.

The pain in the shoulder was not the sole cause of her discontent. Middle age was now here and old age fast approaching, yet she had seen little if anything of the outside world. Illiterate she was, but by no means unintelligent. An avid listener to all visiting relatives, she could challenge anyone to remember events as she. Fatima could tell you just how many moons ago her husband had bought that new buffalo, how long it was since the last rain, when the King of England had died, or when that airplane had soared like a mighty roaring bird in the clouds directly above her little compound.

The fact that a childless woman had lived in seclusion most of her life was no reason why she should not have heard of all the latest inventions, such as trains, motor cars, telephones, cinemas and radios. Unwittingly, visiting relatives had stirred a seemingly dormant spirit of wanderlust to amazing proportions. Until recently she thought it her fate, and was even reconciled to depart from this earthly sojourn without so much as a glimpse at most of these wonderful inventions. Now she had an excuse to emerge like a butterfly from its chrysalis! Why hadn't she thought of it before? Allah be praised and thanked! That pain in her shoulder would be the means of escape from this insufferable boredom. She would leave her village and go to the big city to the Mission Hospital.

"She . . . would easily get a glimpse of her surroundings during the journey through the perforations of the *burkha* . . ." Fatima and one of her relatives, both in the traditional *burkha*, say farewell to Dr. Lalinsky and Holy Family Hospital.

She would have to think out all the details of the proposed jaunt. First of all, she would have to impress her husband with the serious nature of the ailment. He was a firm believer in "grin and bear it"—when the pain did not concern himself. Well, she would show him. She would persuade, nay, forcibly convince, him that things were much worse than they seemed. She had heard that there was nothing like an attack of senselessness to bring a man to his senses—that is, to a woman's way of thinking. She would "throw a fit." That would stir his inertia, he would get excited, consult all his friends about the necessary treatment and the possible outcome of the malady. He would never be able to cope with her in that state in their home. Unquestionably he would take her to the big city to the Mission Hospital, where she knew she would be welcome. Hadn't many of the villagers been treated there, and a few even died there?

Fatima's eyes glistened at the prospect of making the trip. She would pretend she was unconscious but would easily get a glimpse of her surroundings during the journey through the perforations of the *burkha* with which they would surely envelop her. She would "come to" only after she was safely installed in her hospital bed. She would have her dead sister's sons and daughters come to visit her, since they lived in the same city, and—delightful thought—the woman doctor might prescribe injections for her. She had heard of people getting injections in their arms and hips for all sorts of things, even for dog and snake bites. She had even heard of one woman getting some of her own husband's blood by injection because the pa-

tient herself had been bloodless. God forbid that they give *her* any blood, but any other injections would be only too welcome as well as beneficial, because a weak stomach, such as her, could not digest ordinary oral medicines.

Maybe, too, the doctor memsahib, would order an x-ray. One of her nieces had had a *taswir* (picture) and had told her all about it, even shown it to her. Not that she could make head or tail of it, but people said it was positively stupendous what could discerned with them!

Would an operation be necessary? If the doctor said so, Fatima would easily dissuade her, insisting upon indefinite postponement because her *dil* (heart) was *kamsor* (weak). Furthermore, who could survive an operation in such a state? She knew something of operations because her husband's second wife, Fazl Jan, had had a tumor removed from her abdomen, and she was still living today to bear witness to the miracle. They had given her something to smell and she had become completely *behosh* (unconscious) and never felt a thing, not even the cutting of the knife. At the time of the operation, Fatima had been relegated to the post of looking after Fazl's only daughter, but she had been careful to make detailed inquiries about everything when Fazl had returned.

Another reason why Fatima wanted to go to the *zenana* Mission Hospital was because she wanted to satisfy her curiosity about the white women who worked there for the sick. They had come thousands of miles from the West to work in Hindustan. She often wondered why they did it. They dressed in plain white clothes and wore plain white veils, not nearly as nice as the ones worn by the native women. When leaving the hospital Fazl Jan had insisted upon giving one of these Sisters a white, filmy, hand-embroidered veil because she thought it would be more becoming than her own. Fatima knew they wore only the one kind, and had chided Fazl when she heard of the gift. These Sisters received no salary and did not marry. Well, that was sensible. Who would have chosen to be the childless wife of an exacting husband? They were said to be faithful to praying to Allah many times a day, and chanted very often in a beautiful little church of their own where patients were always welcome. Yes, she was determined; she would go to the hospital. . . .

* * *

Did her plans materialize? Almost to a letter. Fatima Bibi was brought to the Hospital in an apparently unconscious condition, in a hired bus which had been converted into a temporary ambulance. Her husband fluttered about her like a fussy hen about a chick. He was promptly reassured that her condition was not unto death, that she would undoubtedly get well again.

Fatima recovered her complete physical health in about ten days; also complete mental composure. She had a course of the coveted injections, but she did not have to have an x-ray or an operation. Her bed was in a general ward with other patients who had had operations or who were ill with various and sundry diseases. These other women interested her, and she spent no little time in exchanging symptoms and modes of treatment. When not chatting with patients, she indefatigably entertained batches of relatives in relays until it was remarked that half the population of Rawalpindi must be a branch of her family tree. When the doctor made rounds, Fatima was very careful to don a lugubrious mien, and even to allow a low moan to escape from her lips, lest her progress be thought to be too rapid. One day she finally made the avowal that she was cured, but wanted to stay a few more days lest there be a relapse. During this interval she was found in the office once, getting a demonstration in the use of the telephone from an enlightened relative.

Fatima Bibi returned to her village a new woman. She admitted that she was cured and that she had spent a very profitable time in hospital, having seen and experienced enough to talk about for the remainder of her days which would certainly be more happy ones since she had had her fling!

A *chitti* (note) arrived in the dispensary the other morning. These were the contents: "Madam: We want a diagnosis. Are the poor neglected everywhere?" *Dr. Lalinsky, Rawalpindi.*

News From Abroad

Holland

The Sisters from Osterley keep up a cheerful tone in their letters. They mention that more windows were shattered and that the stained glass window in the stairway was bent outward. Also that an incendiary bomb landed in the garden, which was promptly dealt with by their good neighbors, the Campion House students, who take turns to watch. No harm was done.

Though they prefer to stay in our house, it is a comforting thought that they would not be homeless if in the twinkling of an eye the building were shattered. A kind old friend—a friend from Dr. McLaren's time—has invited them to her country home if need be. While we hope and pray that the emergency will not arise, yet it eases one's mind to have a friend in need.

News has reached us that the Little Flower has put us under another obligation to her. On October 3 while we celebrated our 15th anniversary in the Motherhouse in Fox Chase, His Excellency, Bishop Guilielmus Lemmens of Roermond opened our novitiate in Heerlen, South Holland. Six pioneer Dutch novices received the habit of the Medical Mission Sisters. The fact that a larger house had been rented in September made it possible to accept eight new postulants. This new offspring of the Society—come into existence under trying circumstances—is of much promise because nothing can dampen the missionary ardor of the Dutch Catholics and because the cross is the sign of victory.

Thou Art the Physician

By

THE REV. BENEDICT EHMANN

Sick people in the old days used to like to have the Prologue of St. John's Gospel read over them by their priest. They must have drawn great comfort from the assuring words, "In Him was life, and the life was the light of men."

When the powers of life are slack, like the tide at evening, the Christian on his sick bed turns to Christ who has the fulness of life.

It might seem to a casual person that that Church pays little attention to physical health and well-being. There are so many appeals to despise his life, and strive for the life that is eternal. And Jesus Himself warns us that "he who loveth his life shall lose it." . . .

But there is a wrong way of taking these things. Whatever they *do* mean, they surely *do not* mean that the good things of God are evil and undesirable. They *do not* mean that well-being and health are not something to protect, and to pray about.

In fact, one of the obligations of the fifth Commandment enjoins us to take reasonable care of our health. There are times, of course, when greater values are at stake, and then a man has the duty to risk his health . . . even his life, sometimes . . . for those values. That helps to explain the recklessness of some of the saints about their physical welfare. But then, they had a light from God, directing them to these heroic lengths.

No, neither Jesus nor His Church despises health. Though Jesus chose many of life's liabilities, He did not choose, so far as we can judge from the Gospel record, the liability of ill health. May we not say that it might not have been fitting for Him, who had the fulness of Divine Life, to be yoked to a broken body? Pain and suffering were His, we know . . . but always inflicted from without. Fatigue and heaviness overcame Him, but always because of His travels and His labors.

What the Savior *does* warn us against is to set too great store by physical health, or by any of the goods of this passing life. If we do that, there won't be time for the goods of the soul, or we will be so sunk in physical contentment that the soul will become clogged and dull. We will have missed the best thing of all, and in the end we will, perhaps, have neither health nor happiness. Jesus had to give us that warning, just to make sure that we understand what is "the one thing necessary."

Almost all of Jesus' "works" were miracles of healing. In fact, that was the introduction Jesus gave of Himself to most of His believers. His fame as a Healer prepared the way for His preaching and His work of salvation.

The Evangelist put it very simply and dramatically, "Virtue went out from Him, and healed all."

"If I touch but the hem of His garment," the infirm woman said, "I shall be healed."

There is far more here than psychic power. The humanity of the Savior is the instrument of a Divine Person. United with the Divinity in Jesus, it is filled with the energy of the very Source of life. It is the humanity of a God.

Little wonder that they crowded around Him, if only they might touch even the hem of His garment! Poor, sickly, diseased, mortal sons of Adam, you know your Life and your Light. You know Him in the power that goes out from Him. You flock about Him, like birds around a lighthouse in the storm.

This power that went out from Jesus has been given to us. We who believe in Him are granted a share in His life, and are incorporated into Him. Jesus and His Christians form one Body, of which He is the Head, and they the members.

The work of the Savior was not confined to the narrow limits of

one short lifetime in an obscure Roman province. It is a world-wide work, and God wills it to endure till the end of time. But Jesus no longer does it in His own individual Self. During the centuries, He gives His life to His Christians, and through them and in them, He walks the ways of this earth, bringing peace and blessings.

We Christians, in Christ, can say truly of ourselves, that power goes out from us and heals all. With most of us this power does not extend to the point of miracles . . . though I am sure that if our faith were stronger and purer, we would see more of miracles than we do.

But anyhow, we bear a power within us to radiate Christ. The word of kindness in His Name, the loaf of bread in His Name, the errands of mercy in His Name . . . along a thousand roads of this life, Jesus still walks in humble and unnoticed Christians, and from them His power still goes out for the healing of sick souls and bodies.

Can we say honestly of ourselves that we are letting the power of the Christ radiate from us? Or do we perhaps block it up with our selfishness, our meanness, our hardness.

Some of us might have been among the thousands who passed by a hungry and ill-clad woman selling papers for the Communists, in hot and cold weather, for fifteen years, never once drawn to the Gospel of Divine Love, because (so she told a merciful Catholic Worker) she had never seen the charity of Christ in the faces of all that daily procession.

Today's people in their multitudes are lying like sheep without a shepherd. They are hungry for the bread of life in God's green pastures. They are sick with sin and the woe of the world. But Christ will not go to them, except in us. What a fearful judgment if we keep the Good Shepherd and Physician a prisoner in our easy-chairs, when He wishes us to bring His healing into the place of affliction!

Medical Facilities For the Colored in the District of Columbia

Medical work and health conditions in the United States have a strong interest for us, even though our own medical work is confined to the foreign mission field. Hence our desire to share with our readers some of the interesting figures and data brought out in a study of health conditions as they affect the Negro in the District of Columbia. The survey was made by Mr. Paul J. Taggart, A.B., as an assignment in the Department of Social Sciences at Mount St. Mary's College, Emmitsburg, Maryland.

The survey is restricted to a study of health conservation as it is related to health administration through hospitals, clinics and administrators, and attention has been concentrated on the causes which constitute the chief threats to the life and development of the Negro.

Washington has one of the largest Negro populations, by percentage, among American cities; the 1930 census showed it to be 27.1 per cent.

According to the American Medical Association report for the District in 1938, eleven hospitals, with a capacity of 3,342 beds, provided for the health care of the estimated 627,000 inhabitants. About one-third of these beds were available for Negroes. Out of a total of 26,-090 free admissions to the hospitals under the supervision of the Health Department, 66 per cent were Negroes.

Maternal and infant mortality rates have dropped during the past few years. In 1935, 99.7 per cent of Negro infants born alive in the District were attended by physicians and 76.5 per cent of these were under hospital supervision.

A training school for Negro nurses in Freedmen's Hospital, and facilities for the study of medicine by Negroes at Howard University, help provide medical care for the Negro. Over 170 Negro physicians are licensed to practice in the District.

During the last six years, a number of respectable dwellings have been made available for Negro occupancy, by an act of Congress.

At first sight all this would indicate that the Negro is well cared for medically. Actually the other side of the picture is not so bright.

According to the Bureau of Census (1939), the District spent $1.24 per capita for public health. The annual outlay recommended by the U. S. Public Health Service was $1.61 per resident and the standard laid down by the American Public Health Association was $2.50 per resident. This budget includes white and Negro alike.

The proportion of admissions to the District hospitals is a rough two to one ratio in favor of the Negro. But instead of meaning that the Negro gets more health care, it merely proves that his need of medical care is greater. For the most part, his work is of such a nature that he has more occasions for accidental injury. Then, too, his financial condition will rarely take care of a needed period of convalescence and he is very likely to return to his work sooner than he should, causing a relapse which necessitates further medical care.

The fact must also be borne in

mind that, with lower wages, more unemployment and lower standards of living, the Negro has more need of hospitalization. A slight illness that in an ordinary family might be cared for at home, in the case of a Negro who lives in circumstances scarcely conducive to good health, must be cared for in the hospital. A lowered vitality caused by improper living conditions and insufficient food makes him an easy prey to many diseases.

The general mortality rate of the District has been higher than the rate for the country as a whole. The District Survey attributes this fact to the large proportion of Negro population. According to the 1930 census, the Negro mortality rate was 21.0 per cent per 1,000 population and the white mortality rate was 13.0 per cent.

In maternity care the situation is almost as grave. In 1936 the infant mortality rate, inclusive of both races, was 72.0 per cent per 1,000 live births; that of the U. S. registration area 57.1 per cent. Again the District rate is due to the colored population which in 1930 registered 116.5 infant deaths per 1,000 live births as against 47.2 for the whites. In latest available statistics (1937) we find maternal mortality among the Negroes at 9.00 per 1,000 live births, while the rate for white mothers was 3.63.

Clinic work gives hope of contributing to the improvement of conditions that have demanded the lives of three colored mothers to one white. But attendance at the clinics is further proof of the low economic status of the Negro who requires this assistance.

And to make the pre-natal care really effective in the long run there must be post-partum and follow-up care of the mother and infant. That so many Negro infants die during the first year of life is evidence of the need for education of the parents in the proper method of caring for the child. For this work there is a distinct need of Negro public health nurses, for the Negro nurse can do more for her own race than the white nurse can.

Among the diseases which are more prevalent among the Negroes of the District we find first, heart disease. The mortality rate for 1939 for the white was 319.8 per 100,000 estimated population; for the Negro, 427.9. Syphilis takes a heavy toll—21.3 per cent for the colored as against 5.0 per cent for the white. Besides, venereal disease ravages the general health of the individual, as can be shown from the evidence that 33.6 per cent of deaths from heart disease in male Negroes can be attributed to syphilis.

Pneumonia constituted the third most dangerous threat to Negro life from disease during 1937. The Health Department report for that year shows 206.19 deaths per 100,000 population for the Negro as against 89.51 for the white. This rate was lowered in 1939 to 112.7 for the Negro; 59.4 for the white.

Tuberculosis takes more than six times as many Negro lives as white in the District. In 1937, 227.8 deaths per 100,000 among Negroes, 44.97 among whites, were reported. While the pneumonia rates were lowered in 1938, the tuberculosis rates jumped to 240.1, but 1939 saw some improvement in that they dropped to 225.7. While the death rate among the whites has undergone an almost 60 per cent cut from the 1920 rate of 85.9, the same period for the Negroes registered less than a 20 per cent drop from the 276.4 rate of 1920. The responsibility for the excessive tuberculosis rates may perhaps be laid mainly to socio-economic conditions; education, or its lack, and inadequacy of facilities for caring for the tuberculous.

Likewise a hindrance in efforts for better health among the Negroes is the fact that only in Freedmen's Hospital is the colored physician allowed to practice. Barred from all other hospitals, from medical societies, from all schools offering graduate work to the practioner in Washington, and prohibited from participating in the conferences and courses held by the medical institutions from time to time for the purpose of acquainting the practitioner with modern theory and practice in special fields, the Negro physician is unable to give his patients aid equivalent to that received by the white man. The effects of this exclusion work to the disadvantage of the Negro, of science and, ultimately, to the disadvantage of general community health.

The general conclusions to be drawn from the survey are that immediate and most necessary improvements in the health of the Washington Negro are militated against by inadequate equipment and facilities for proper care, and by racial distinctions which hinder cooperation in the use of the comparatively meager facilities available.

An analysis of existing conditions suggests that a decrease in Negro mortality is conditioned upon increased health facilities, extended education in matters of health and improvement of the socio-economic level.

The racial distinction which will permit the Negro doctor the use of but one hospital, the spirit which denies to the Negro the cooperation of the white—these work *supposedly* to the advantage of the majority, yet *actually* are to the disadvantage of the whole. If the people generally realized that what affects one in society affects another, means would be found for the improvement of health facilities, with a resulting improvement in health itself. Those who lack provision for their own maintenance in a normal, healthy environment, constitute a threat to the entire community. As Dr. Thomas Parron, Surgeon General of the U. S. Public Health Service, has said: "We could not exist as a Nation half slave and half free. We cannot exist as a National half whole and half diseased . . . let us begin where there is the greatest useless loss of life, which is among our Negro citizens.. . . ."

—Sister M. Francis Patrick,
S. C. M. M.

"In Spirit"

By

SISTER M. FRANCIS, S.C.M.M.

Last year when the bell, *Brendan,* was blessed, we mused a bit, about the first time Brendan would ring for a departure group. Time, which hides all the future from curious eyes, at length yields to our importunities: The first missionaries to leave for India from Philadelphia are Dr. Leonie Tummers and Dr. Elise Wijnen. They have been trying to get off since October. The *visas* have finally come for them though Sister M. Peter must wait a while longer.

The Ceremony of Departure—with a disregard for all evil omens and superstitions—was held Friday, December 13. Most of you who will read these lines are too far away to have come to Fox Chase, except to be with us in spirit. We have room always for friendly spirits, though space is limited for the accommodation of our friends' bodily presences. Therefore, let me describe the event as I saw it from the first row of the choir.

First, you must stand beside me in the choir—the "choir loft" is the parlor! Behind us the novices are rustling the pages of their singing books, and the postulants, who have never witnessed a Departure, are all eyes. In front of us the doors between the choir and chapel are open, and we have an excellent view of the altar, obscured only occasionally by a feather or wide-brimmed hat.

The whiteness of the altar reminds us that the "clean of heart" shall see God. Lovely white chrysanthemums nod gracefully from the floor vases on either side greeting the guests who are taking their places. Personal friends of the departing missionaries and the Philadelphia Ladies' Auxiliary soon have left room only for spirits! (You should be glad to be one. I wish *I* were—even the choir is crowded!)

"*Veni Creator Spiritus.*" The clergy have entered the chapel from the sacristy to the left of the altar, the Reverend John J. O'Rourke, C.S.C., our chaplain, who is master of ceremonies, the Reverend John E. Boyle, Director of the Society for the Propagation of the Faith, the Reverend J. Lambert Erkens, S.M.A., a former missionary to Africa, Monsignor Bernard A. McKenna of Holy Angels parish, Philadelphia, and lastly, the Very Reverend William Kavanagh, S.T.D., who has been delegated by His Eminence to preside. The choir takes up the ancient chant which Father Kavanagh has just intoned. "*Come, O Holy Spirit*"—thus the Church always petitions as she begins important functions.

Monsignor McKenna is speaker for the occasion. We can see him very well, standing in his purple robes before the white altar, now that everyone is seated. (Yes, *we* stand!) Addressing himself to the two sisters who are seated with Dr. Dengel in the pew in front of him, he reminds them (and us) of the different departures we have all experienced, viz., going to school for the first time, boarding a train for vacation, etc. This departure is different, he tells us, because it is motivated by a strong love of God and a disregard of self. He paints a graphic picture of India, the land of mystery, of enchantment—and squalor; he adds fuel to our zeal for the souls of India's millions; he increases our eagerness to grasp the torch St. Francis Xavier held so high and which he has thrown to us. We who stay at home plead before the tabernacle: "Let me go, too, Lord—soon."

* * * *

The solemn moment for the Renewing of the Mission Oath and Vows arrives as Monsignor concludes. In the quiet of the chapel, each in turn promises anew "to go to any region or place whither I am sent." Surely Our Lady sings with her children in the choir: "*Magnificat anima mea Dominum.*"

It is time for Benediction—but no! Father Kavanaugh turns to us and graciously extends the Cardinal's best wishes and blessing to the departing missionaries, the community and the guests.

The message delivered, the choir sings "*O Salutaris . . .*" and the Eucharistic Christ is enthroned before our eyes.

The tabernacle is opened again, and then shut; having given His blessing, Christ is hidden once more. In exultation and joy let us sing, "*Te Deum laudamus!*"

* * * *

So another departure is history. Only the flickering sanctuary lamp and the blue votive light of Our Lady shine in the darkness of the chapel. On the mantelpiece at Our Lady's feet, St. Francis Xavier and the Little Therese still look out tranquilly from their pictures. I wonder if they are so quiet in heaven?

Until we love we are strangers to ourselves.—*Taken from The Catholic Courier, Rochester, N. Y.*

". . . he has three little daughters." Two of the family with their mother, dressed up in holiday attire.

A "Babuchi" is a Cook----

By

SISTER M. HELEN, S.C.M.M., R.N.

(*Continued from December*)

Binoy could do plain cooking and was dependable to a certain degree; that is, we always knew we would get our meals *some time,* though they might be anywhere from fifteen minutes to two hours late. One of his greatest difficulties was getting up in the morning. We were obliged to go out to Mass, and on several occasions found our trusty *babuchi* still abed when we returned at 7 o'clock. It was foolish to scold him, for he had such a perfectly legitimate excuse: "Sister, *amar ghum bhanga na* (my sleep didn't break)." We decided that the only way to see that his sleep did "break" was to call him before going out.

After he had been with us about a year, he informed us that he wished to marry a girl from his village and bring her to live at our house. Binoy lived in a room beside the kitchen, but this would not be large enough for two people. So we had an addition put on, and Binoy was given two weeks' vacation for the wedding ceremony and celebration. He returned in due time with his bride of fifteen, a plump village lassie. For a few months there was perfect bliss. One almost felt as if one were treading on sacred ground when coming into the kitchen. But it didn't last.

One evening as I neared the house I heard screaming in the kitchen and, upon investigation, found Binoy beating his wife. I was shocked and, if I may admit it—surprised: Binoy had always looked too harmless to even swat a fly! But that was not helping the lady in distress. "Stop!" I ordered the wife-beater. "Stop it! Now, aren't you a brute, beating your poor, little wife?"

FLASH! Our *dhobi's* donkey hurt his knee. I don't know how. It is bandaged and he limps—but he's carrying the laundry just the same! A favorite prayer here is: "Thank God, I'm not a dhobi's donkey."—*Sister Alma Julia, Rawalpindi.*

His face was red with anger, but he looked a bit ashamed. "Sister," he said, "I had to beat her."

I was not so easily convinced. "Just *why* did you *have* to beat her?" I wanted to know.

"Sister, she hasn't eaten with me or talked to me for three whole days. All she does is sit in the corner and pout."

I was still inclined towards the victim. "Naturally," I countered, scornfully, "when you abuse her in this manner!"

Binoy was pleading now. "Listen, Sister," he said, "this is the first time I have ever beaten her. She is angry because she wants me to send half my salary every month to her people. It is impossible, because I have my own father and mother to keep. It is for this reason she has not been talking or eating."

It is always the same story in India: When one member of a family works, a dozen others will sit at home and expect to be supported. I said no more to Binoy, as I decided this was a matter he might best manage for himself.

Perhaps it was these family troubles that weighed heavily upon him. At any rate, Binoy grew more and more lax in his work as time went on. We warned him on several occasions that if he did not improve, he would have to go. Our meals were getting later and later, and were badly cooked in the bargain. Finally, in sheer self defense, we gave him two weeks' notice and engaged another cook.

We had threatened to discharge Binoy so often that he did not take us seriously until the new cook arrived. Then he became really upset and begged for another trial. But we decided we had done penance long enough, and told him he must go. He left—but went to the rector of the Cathedral, who was likewise our pastor, and asked him to give us an order to take him back! Our pastor, probably having had more than a smattering of experience himself, said that that was not his work. Binoy, nothing daunted, came regularly to us for money. He seemed to think it was

our duty to support him since he had done so much for us! We felt we could not recommend him as a cook, but finally managed to get him a job as a message-carrier.

Our next cook was a Mohammedan. He proved to be an outright rascal. He was always in financial difficulties and asking for his salary in advance. But he was clever enough always to have a very good reason for wanting it: there was an aunt, an uncle—occasionally a grandmother—who was ill or dying. He owed money everywhere, and often people came to us trying to collect his salary. He had a baby daughter, and one day he came to me weeping saying that she was ill and he wanted to go home. I permitted him to go. After two days he came back with tears in his eyes and showed me a prescription the doctor had written out! The baby had pneumonia and he must have five rupees to buy the medicines. We gave him the money and told him we would come to see the baby. We were not sure just where he lived, so I asked him to guide Sister and me to his home. He excused himself hurriedly—"he really had not time"—and then off he went on his cycle.

Our carriage driver, however, knew where he lived, and took us to the home. He was there when we arrived and said the baby had been taken to his mother-in-law's place. We thought this rather strange, but asked the address and drove there. Our cook was there to meet us at the front door when we arrived, and inform us that the child had been taken to a *fakeer* (holy man).

By this time we were really suspicious, and informed our *babuchi* that we did not believe he was telling the truth. Our carriage priver evidently knew him. Without more ado he spoke up and said: "Sister, he is only fooling you. His baby isn't sick at all. He wanted the *chuti* (holiday) and money for a wedding in the family." Our cook disappeared from the scene but was back in the evening to prepare our dinner. He admitted he had lied to us and begged to be forgiven. We decided we had been very gullible—but had to allow that he was a perfect actor! He was fined two rupees for the escapade. Not long after that we missed a sum of money from the house, and although we had no actual proof of the identity of the thief, we could not, under the circumstances, avoid having our suspicions—and so we dismissed our cook.

A small but relatively healthy little lad approached Sister M. Camillus while she was on duty at St. Francis Dispensary in Rawalpindi.

"Please, Sister-ji, I'd like some medicine."

Sister looked him over quickly: she could see nothing that seemed to demand immediate attention. "What is the trouble?" she asked.

"Sister-ji, I am too small and weak for my age. I want some medicine to make me bigger and stronger."

He was ten years old.

Our present cook, Ismael (also a Mohammedan), has been with us for nearly five years. He is steady and dependable, and the best natured man in the world. He is as honest a cook as one can find, and never adds more than an anna or two to his daily bazaar account. He has no sons, but there are three little daughters, two of whom have been born since he has been with us. When the last girl was born, I thought he would be terribly disappointed, but he only smiled and said: "Girls are good."

His "technique," too, is quite respectable. Once I found him buttering toast on the floor, but other than that, I can recall no hair-raising (and appetite dampening) episodes to relate of him. I can only hope that ours will not be the experience that is told of a certain Dacca lady—let us call her Mrs. Green.

Mrs. Green one day was entertaining Mrs. Smith, who began to relate her difficulties regarding her cook. Her hostess listened patiently.

"I am glad to say," she said, when the litany of grievances was finished, "that I haven't the slightest trouble in this regard. My cook is really marvelous. The kitchen is always spotlessly clean, no matter when I go in."

The guest did not seem duly impressed, so after dinner was over, Mrs. Green invited her to "see for herself." Everything was, indeed, spotless and in perfect order. Mrs. Smith was ready at last to agree that this cook must really be a treasure. But that was not enough.

"You will see that his own room is just as clean as the kitchen," continued Mrs. Green, and flung open the adjoining door. There sat the priceless cook on the floor, drying one foot with a tea towel, while the other was still soaking in a soup tureen!

FORM OF BEQUEST

"I give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $.....for its general purposes."

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The "Catholicity" of the Catholic Hospital

Excerpts from the Presidential Address of The Rev. Alphonse Schwitalla, S.J., at the 25th Convention of the Catholic Hospital Association

First and foremost, there is a fundamental difference between our institutions and other institutions not only with reference to a philosophy of life, but also specifically with reference to the concept of disease. The Catholic hospital does not accept the interpretation of disease as an unmixed or an absolute evil. It recognizes the place of suffering in the supernatural economy of God's dealings with men. It recognizes the hand of Providence in the permission that through secondary causes men might succumb to illness and to death. It sees in suffering an opportunity for supernatural grace which raises man from the mere level of his physical existence to a higher plane and evokes in man the manifestations of his noblest and his most unselfish and his most ideal traits. It recognizes in suffering an opportunity for increasing Christ-likeness. It accepts the principle that the kingdom of heaven suffers violence and, therefore, that self-discipline even in suffering brings a patient closer to the dear Lord's Sacred Heart and makes of the patient an individual who becomes more Christ-like by reason of his acceptance of suffering. It sees in illness only one small, even though painful, sector of the great map of each individual's life which a benign and loving Providence has drawn up for the progress towards the supernatural destiny of each single patient.

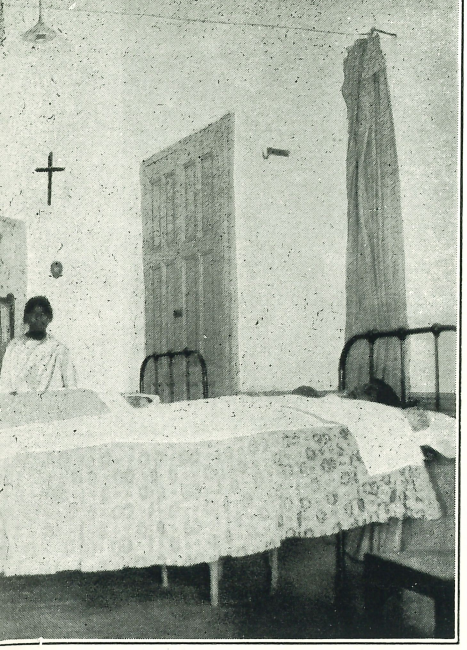
Does this viewpoint diminish the zeal of the Catholic hospital for the cure and the prevention of illness? By no means; rather it accentuates that zeal, not only because it supplies the highest possible motivation, but also because through the administration of services to the sick, the sister nurse, the physician, feel a new dignity in the thought that they are serving as ministers of an all loving God in the working out of the destinies of those whom they have under their care. Faith does not destroy reason; it builds upon reason and faith itself must be reasonable. Insight into the eternal meaning of suffering does not destroy care for suffering but rather increases and intensifies that care because it shows to the person giving these ministrations the great purpose which she is carrying out in making real the plans of God in His dealings with the individual soul.

A second great difference between the Catholic and the non-Catholic hospital is derived from the concept of obligation. The Catholic hospital insists that all of those who serve the sick in the institution do so under the sanction of an obligation in conscience. It has been so repeatedly pointed out that in the Catholic hospital you cannot dismiss sisters at will as you can do salaried officials in another institution. The fact is true but the implication of the fact is entirely false. If it is argued, therefore, that the sister nurse or the sister administrator may content herself with giving a less perfect service because she has removed from her thinking the fear of losing her position, we should miss either the driving power of the motivations of the sister nurse, or we should have to admit the invalidity of the motives which actuate her. The obligation of the officials of a Catholic hospital are binding not under the pain of a loss of salary or the loss of preferment or the loss of professional standing, but they are binding under the sanctions of conscience, and the sanctions of conscience mean sin, and sin may mean hell, and hell implies God. Yes, it is true that many a worker in a Catholic hospital has forgotten the serious obligations under which she is laboring. We are all human, and the impact of the physical is so strong it fills the horizon and towers above all our interests. It is so close to our eyes that we seem to see nothing else than just the physical, and yet all of this does not invalidate the place of faith in the giving of a service which of its very nature is supernatural.

A third great difference between our hospitals and other hospitals lies in the insistence upon hospital service and sickness care as vehicles for influencing souls. If all human activities must be considered as means to a supernatural end, namely, the salvation of souls, then surely, the functions of a Catholic hospital must be so considered. . . . The purpose of the Catholic hospital like that of any other hospital, is to care for the sick and to prevent illness and to contribute to the health development of individuals. The difference, therefore, between our institution and others does not lie in the purposes of the Catholic hospital as a hospital but it lies precisely in the fact that the Catholic hospital cannot be a hospital unless it emphasizes those viewpoints and carries them out for the motives which are implied in its Catholicity.

"The new times in which we are living certainly require the spirit, initiative, acts and defences of a new kind, which opportunely assist in the renewed and daily increasing needs of this age of ours," says the Pope in the letter to Fr. Vladimir Ledochowski, S.J., the Jesuit General, on the 400th anniversary of the society's canonical approbation.

"Daring and ready in the work as you are, do not neglect these new forms, but endeavor with every effort to see that all the inventions of modern progress bring an increasingly worthier and more suitable contribution to the strengthening of Jesus Christ's reign within its boundaries and to expand it outside of them."



Two-bed Ward

Station W-A-R-D, Rawalpindi

By

Sister M. Pauline, S.C.M.M., R.N.

We are very, very busy just now and have extra beds in all the wards, where I am working for the first time. It is really quite an experience (and an enjoyable one!)

First of all, there is the game of "hide-and-go-seek" with the husbands and male relatives of the patients, which goes on every single day, without fail. Men are supposed to visit the patients only from 6 to 8 in the evening (unless, of course, there is serious illness), but they can find more reasons to "come in just for five minutes"—which actually means *all day!* They walk demurely out of one door—and before you know it they are up the back steps and in by another!

The other morning Doctor Lalinsky was performing an operation on a woman patient—it was a major operation and took almost three hours. In the meantime, Sister Alma Julia had her hands full with what seemed to be half the village from which the patient had come—all "relatives," and waiting to know the result of the surgery.

These relatives seemed to have a regular "order of inquiry." They took turns asking about the welfare of the patient, and at least every ten minutes (during the whole three hours!) Sister would have to reassure another one that the patient was really all right, that it would take only a few minutes more, that the operation was really proving successful, and so on!

As soon as the operating-room door opened and the woman was rolled toward her room, the whole troop began to follow in her wake, like a miniature avalanche! We solved the problem by assigning one old lady—she looked to be at least a hundred years old—to sit beside the patient, while the others were told that they must wait outside!

I forgot to mention that just as Doctor was "scrubbed" and ready to begin the operation, the lights went off! It was a very dark day, so Sister Margaret Mary called the head electrician and asked him if he could not remedy the situation, as they were turned off at the main switch.

"We will take action," said he, and the lights went on!

The other day a woman with an enormous basket on her head walked into one of the awards, set down her burden, and displayed her wares: *Churnions* (bracelets), all colors and sizes, and made of glass! Soon there was a vast crowd around her of the patients' relatives, some trying on the bracelets, others bringing them to the patients to try on. Many were broken in the process—they were so fragile. Some of the women bought as many as twenty-four—twelve for each arm! They love bracelets and jewelry.

Just now I looked out to see a vendor selling something to a relative of one of the patients. First he put some quartered pieces of apple on a leaf, and put some red sauce over it, then this was shaken up well until it was all mixed up. Then he sprinkled some sugar over it, squeezed a few drops of orange juice from an orange, bounced it up and down once more, stuck a little stick in one piece of the apple, and then handed the leaf with its treasure to the purchaser. I wonder how it tasted!

Speaking of mixtures, Sister Stephanie was telling us about a case she had just the other night. While she was sitting with the patient, a white crockery plate was brought in, with writing on it in some black fluid so that it looked something like a cross-word puzzle. The patient dipped her finger in water and mixed up all the writing, which was then carefully washed off the plate, and the solution given to the patient to drink as a cure.

They love jewelry . . .

Speculation

I've mixing bowls and spoons and cups,
I've sand—and salt—and clay,
I've ink, and paint, and little wheels
That turn around all day.
I've books and string—supplies galore—
Yet—utter destitution!
Would someone kindly tell me how
They *make* a resolution?
(I haven't really tried, but I
Have heard the implication—
A bit of *starch* mixed in with *will*
Can make a grand foundation!)

I've seen men scratch their heads and think
To try to *make* a rhyme,
I've seen them "stepping on the gas"—
They say they're "*making* time!"
And I can turn a cartwheel—so—
And *make* a revolution—
But all this doesn't seem to help
To *make* a resolution!
(I've heard that when you're *making* things,
And building, brick by brick,
A bit of *perseverance* helps
A lot to make them stick!)

I've watched the cook *make* gingerbread,
I've heard folks *make* a guess.
I've even been around (and helped!)
To *make* a perfect mess!
For all these things I've been on hand
And watched the execution,
And still I've found no recipe
To *make* a resolution!
(It's just a rumor going 'round—
I chanced to hear of it—
They say, for such a thing as this,
You need both *grin*—and *grit!*)
(T. I. P.*: Keep Smiling!)

I've heard folks say: "Now there's a thing
That really *makes* me mad!"
Or seen them slowly shake their heads:
"Um . . . um. That *makes* it bad."
Could it be one of these, perhaps,
By some quaint evolution,
That, in the Right Environment,
Becomes a Resolution?
(Sure, I was fooling all the time!
I knew the right solution—
It may not be "good grammar"—but—
I *took* my resolution!)

—TIC.

(* Tic's Inter-Polation.)

DeAR FriEnDs:

HAPPY NEW YEAR! It'S mE —tIC, aGAiN! PadDy saYs if I wan't to hAvE a "LoNG lINE" i mUST moDiFY mY stYle. sO aFTer tHiS i wIlL oNLy pUt caPiTAl leTterS NOW and THen! I think it Is a VERY GOOD THING to be OBLIGING; that's why I made it ONE of my—Oh! I forgot!

Paddy has been trying to find out my RESOLUTIONS. He was attempting, I think, to be QUITE SUBTLE and asked very NONCHALANTLY "what I *took*." But I told him you don't *take* "what," you take "where," and he looked very IMPRESSED and INNOCENT and asked me WHERE I took them, then! Isn't he INQUISITIVE?

(It isn't that I want to be UNKIND to Paddy, but you see, I took a SPECIAL KIND of resolution—the SECRET kind—so I really, truly can't TELL *anyone!* But I am going to KEEP IT all YEAR, and if you WATCH very hard, you may be able to GUESS! I wonder if you WILL?)

Don't forget to KEEP smiling!

Yours EVER,
TiC.

Tic hasn't left much room for me. But then, I don't mind. *I* didn't take any *secret* resolutions, and that is one of mine—not to mind things—like that.

Tic says I can't be subtle, so I guess I will just remind you right out that some of the Till-boxes are still out, and Tilly and Tic and I would be very, very happy to have them in. And we want to say "Thank you" for those that were returned—all nice and fat like a Christmas Turkey! And—to all of you from all of us—"HAPPY NEW YEAR!"

Paddy.

In Our Library

DOCTOR IN ARABIA, *by Paul W. Harrison, M.D. John Day Co., New York.* 1940. 303 *pp., ill.* $3.00.

Dr. Harrison is an American, a graduate of Johns Hopkins, who twenty-nine years ago, went to Arabia to practice medicine and surgery. The book recounts some of his experiences there as a medical missionary.

The description of the country is very well done, as is also his description of the natives, their customs and every day life. But while Dr. Harrison may know Arabia and its natives, he does not know the Catholic Church. Throughout the book there are veiled remarks concerning early Catholic missionaries—nuns, monks—comments which are most unnecessary and in very poor taste. In describing a treatment given to patients with ulcers of the leg, Dr. Harrison remarks that the patients often object and that "the odors of Araby the blest are apt to hover about such a neglected leg like an aureole, but we are Jesuits: the end justifies the means." (P. 143) The age-old calumny again, a theory that the Jesuits never taught, yet one that Dr. Harrison seems to have no hesitation in practicing!

Undoubtedly Dr. Harrison has relieved much physical suffering and pain, but his ethics are scarcely those of the God to whom, as a medical missionary, one would expect him to try to convert the natives. He gives us the incident of a Bedouin mother who came to him with her daughter, asking that he perform an abortion to save the girl from murder at the hands of her brother. "But I told her, 'No, abortions are a forbidden way of escape. It would be murder.' I can see her yet, as she dropped her veil back over her face and led the doomed girl away. We do not forget mistakes of that sort.

"For I do not expect to say no to the next child whose mother looks me in the eyes and begs me to rescue her. We sacrifice the baby for the mother without hesitation when the tubercle bacillus is the lethal agent. Why should we hesitate when the murderer is to be her own brother? 'Is it lawful (in the hospital) to do good or to do evil, to save a life or to kill?' " (p. 100).

A person can arrive at the conclusion that God exists; but to know the nature of God accurately and to know His will in our regard, we need revelation. The point is that God gives this guidance to those who are humbly seeking the truth. It was because these Magi, prominen men in their field, were humble and were willing to believe there was something behind what the saw, that God, using their own particular science, gave them the grace to see the Truth.—Russe ***Christ, the Leader.***

It is certainly difficult to understand the supposed Christianity of any doctor who, in one breath admits (and rightly) that abortion is murder and in the next breath says, "I do not expect to say no to the next," or who fails to see the murder involved in sacrificing the innocent baby for the mother against the inroads of disease. Murder still remains murder before God, if not before some states, whether it is committed in supposed vindication of the family honor, or by the doctor who destroys an innocent life, and that regardless of whether he hopes to save the mother fom murder at the hands of her brother or to protect her from the inroads of tubercle bacillus or any other bacillus. The ethics of the true Christian can never be contrary to the moral law which God has imposed upon *all members* of the human race, and the truly Christian doctor knows that the answer to the question, "Is it lawful (in the hospital—*or out of it*) to do good or to do evil, to save a life or to kill?" is that it is never lawful to do evil, nor to kill, except in justified self-defense or in the case of the state who puts the criminal to death, after a fair trial.

MARY IN OUR SOUL LIFE, *by Raoul Plus, S.J. Translated from the French by Sister Mary Bertille and Sister Mary St. Thomas, S.N.D. Frederick Pustet Co., New York.* 1940. 152 *pp.* $1.75.

That Mary—Our Mother—plays a continual part in the sanctification of each individual member of the Mystical Body of Christ is a truth that is often lost sight of. Mediatrix of all graces, Our Blessed Mother has the privilege of dispensing them to us.

Mary's place in our growth in union with God is the subject of this latest book from the pen of Raoul Plus, S.J. Reverently and intimately Father Plus, with the pen of the artist, traces Our Lady's part as he brings to our minds various scenes in her life and her submission to and cooperation with God's will.

Lovers of Mary will be grateful to Father Plus for this intimate study of Our Mother and her part in our soul life.

THE SACRIFICE, *by Paul Bussard. The Leaflet Missal, St. Paul, Minn.* 1939. 210 *pp.* $1.00.

The Sacrifice is a very practical explanation of the Holy Sacrifice of the Mass, particularly adapted for the use of those who do not understand the ceremonies which surround its celebration, and therefore, do not reap from their presence at

the Holy Sacrifice the spiritual fruit that they should.

Father Bussard has divided the work into two parts: *The Mass of the Catechumens* and *The Mass of the Faithful,* and he treats clearly, and in a very interesting style of the sections which go to make up these two parts of the Sacrifice.

A "Diagram of the Action of the Mass" shows the place that each prayer plays in the oblation. The volume can be strongly recommended to all, but especially to that large group of persons who, not understanding what the Holy Sacrifice really is (and their part in it) are but physically present at it on Sundays and other days of obligation, and *never* present at any other time, unless, of course, their presence be required at a funeral or a wedding.

The low price of the book places it within easy reach of the majority, and a careful reading of it is bound to make one's presence at the Holy Sacrifice a more intelligent act of worship.

R. I. P.

Please pray for the repose of the Souls of:

Rev. P. L. Massicott, Moosup, Conn.

Rev. U. G. Jarret, Woonsocket, R. I.

Mother M. Bettina, C. S. C., Columbus, Ohio.

Sister M. Dolores Loftus, Hartford, Conn.

Katherine Collins, Washington, D. C.

Dr. M. E. Gaffney, Charlestown, Mass.

Mary Regan, New Haven, Conn.

Cornelius Shea, New London, Conn.

Napoleon Richards, Hartford, Conn.

Gustave Goekler, New Haven, Conn.

Eternal rest give unto them, O Lord: and let perpetual light shine upon them. May the souls of all the faithful departed through the mercy of God rest in peace. Amen.

Tribute

MOTHER MARY BETTINA, C.S.C.

In Mother M. Bettina we lost not only a friend but a spiritual mother, so to say. It was under her wise guidance and direction that Sister Agnes Marie, our Novice Mistress, made her canonical novitiate in St. Mary's, Notre Dame, Ind. Mother M. Bettina spared no trouble to impart what might be helpful to our infant Society. We owe her a debt of gratitude which will be prayerfully remembered all the days of our Society. Holy Mass was offered for her in our chapel the day after news reached us of her death.

Like many other outstanding religious in this country, Mother M. Bettina was born in Ireland and in the flower of her youth came over to join the Sisters of Holy Cross. She devoted herself to the Community over half a century as teacher, Novice Mistress, General Councillor and Provincial.

The following excerpt from the sermon given by His Excellency, Bishop Hartley of Columbus, Ohio, at the *Requiem Mass* for Mother M. Bettina, sums up her life:

"Today we celebrate the feast of the Presentation of Our Lady in the Temple. We can see her climbing the steps of the Temple to give herself to God. She wanted to serve God all the days of her life so she spent her days serving Him in the Temple. Then when God was ready to tell her what He wanted her to do she heard His voice. At that moment earth heard for the first time the beautiful words, 'Behold the handmaid of the Lord; be it done to me according to Thy word.'

"Just as the Blessed Virgin gave herself to God as a little girl, so Mother Bettina climbed the altar steps as a little girl and promised Him to serve Him all the days of her life. How nice it is for you Sisters to spend your days as handmaids in the service of God. What a noble vocation it is. I wonder if you realize there is not a grander, more noble vocation in all the world than yours. Wherever you are, in the classroom, in the orphanage, in the hospital, you spend your days doing Our Lord's work. You begin the day in the chapel begging God to bestow His blessing on the day. You kneel here to say your Office, you make your meditation here, and you find here in this chapel more happiness than any person who lives in the world can ever find. Of course, you have your troubles—everyone has. There is trouble and sorrow and responsibility, but do not mind. When you come to the evening of life, God will repay you a thousandfold.

"Yesterday afternoon (November 20, 1940) death came suddenly to Mother Bettina, but she was prepared. She had held many positions of importance in her Community. To these responsibilities she brought courage of heart, magnanimity of spirit, nobility of character, and above all else good, common sense. As superior and Mistress of Novices she guided minds and hearts, giving advice with kindliness and always as one of our own mothers would give it. She took a kindly interest in everyone. Truly she was a remarkable woman. Mother was faithful to her vows and to the promises she made to God in her youth. We are sure, my dear Sisters, that she is reaping her reward and that she is being received into heaven by Our Lord and His Blessed Mother and her own dear ones on this beautiful feast of the Presentation of Our Lady."

May we ask our Readers to say three Hail Mary's for Mother M. Bettina.

The Spirit of Our

League of Gratitude

is the spirit of deep and joyful thanksgiving, so full to overflowing that it must seek some outlet, some expression. It is a spirit aptly exemplified in the following excerpt from a letter which reached us recently:

"I wish it were in my power to help you more materially. I know your great and many needs, and knowing them makes me want to help you. This, at least, I *do* wish to do again—have your sanctuary lamp burn all next year. Providence has been most kind to me, and I want to have the lamp burn next year in thanksgiving. . . ."

Gratitude looks beyond self to the needs of others. Our eyes turn naturally to the field of service that is open to us among the mothers and children, and the sick of all creeds and classes, in the mission lands—it is the vocation which has been given us. But we, in turn, must depend upon you for help and support.

There are several ways of incorporating yourself in the League. You may become a member:

1. By offering (in the case of priests) or having offered (in the case of a lay person) one Holy Mass for the intentions of our Society.
2. By saying a prayer daily for the intentions of the Society.
3. By any offering of money or goods, given in gratitude to God and for the assistance of the Society.
4. By subscribing to THE MEDICAL MISSIONARY.

Yet this month, which marks the beginning of a New Year, we should like especially to have an offering of prayer. "Mission work is essentially God's work. We can preach, argue, instruct, attract and help, but only God can give the grace of Faith. In the mystery of His omnipotence, however, He has invited human beings to participate in this work of conversion. Obviously, then, the essential part of this participation is the prayer that begs Him for this gift of faith, for ourselves and for others."

We would ask you to fill in and send us the accompanying "Spiritual Bouquet" first, that you may be enrolled among the members of the League, and your intentions included in the prayers of our community and of your fellow League members; and secondly, that in addition to this spiritual intercession, we may have this visible proof of the help which we have at hand.

Dear Doctor Dengel:

I should like to add my bit, too, to the sheaf of prayer which you are gathering during the month of January.

Very sincerely,

Holy Masses _____

Rosaries _____

Litanies _____

Ejaculations _____

Daily Hail Mary _____

MEDICAL MISSION SISTERS

PHILADELPHIA, PA.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:

SISTER SUPERIOR
MEDICAL MISSION HOUSE
8400 PINE ROAD, FOX CHASE
PHILADELPHIA, PA.